

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032345

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

4515

STATE FILE NUMBER

VS 300  
Rev. 4/59

1

2 3608

3

4 1

5 2

6

7 2

8 2

9 331X

10

11

12 50-1

13

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Terry E. Lilly, Medical Certification

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

40 YRS.

c. FULL NAME OF (If NOT in hospital, give location)

BAPTIST MEM. HOSP.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

3517 E. 46TH ST.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First BEATRICE

Middle

Last McCULLOCH

## 4. DATE OF DEATH

Month

Day

Year

AUG.

11

1963

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12-3-1885

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

## 10b. KIND OF BUSINESS OR INDUSTRY

DOMESTIC

## 11. BIRTHPLACE (City and state or country)

MANCHESTER ENGLAND

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

GEORGE H. BESWICK

## 13b. MOTHER'S MAIDEN NAME

FRANCIS

## 14. NAME OF HUSBAND OR WIFE

EDGAR McCULLOCH

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

GORDON F. McCULLOCH, K.C., Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Central Nervous System Failure

## INTERVAL BETWEEN ONSET AND DEATH

minutes

## DUE TO (b)

Cerebrovascular Accident

8-8-63

## DUE TO (c)

Generalized Arteriosclerosis

Many Years

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

2-16-61

to

8-11-63

and last saw her alive on

8-11-63

## Death occurred at

9:08

P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Terry E. Lilly, M.D.

## 22b. ADDRESS

915 Ogden Bldg KCMO

## 22c. DATE SIGNED

8-12-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

AUGUST 14, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

FLORAL HILLS

## 23d. LOCATION (City, town, or county)

KANSAS CITY, Mo.

## (State)

## 24. FUNERAL DIRECTOR

1381 BRUSH CREEK

## 25. DATE RECD. BY LOCAL REG.

8-13-63

## 26. REGISTRAR'S SIGNATURE

Ruth Long

D.W. NEWCOMERS SONS, K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Jerry E. Kelly, Jr.  
Angie Kelly, BA 17776

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Vern Lawler*

Licensed Embalmer No. 4915

P. O. Address 569mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.